

COMPANY PROPRIETARY INFORMATION

REPORT OF FIRST COMMERCIAL SALE

LICENSE NUMBER	LICENSEE or SUBLICENSEE NAME	REPORTING PERIOD	REPORT DATE

Date of First Commercial Sale/Lease	Place of First Commercial Sale/Lease	Description of Licensed Products/ Methods sold or leased

Commercial name of Licensed Products/ Methods	Place of Manufacture	Manufacturer (if not Licensee)

Name and title of person completing this form:

Contact information:

Telephone number: _____

Fax number: _____

Email address: _____

Thank you for taking the time to provide this information. If you have any questions, please contact: Kathy Kaufman (tel: 925/422-2646; fax: 925/423-8988; email: kaufman3@llnl.gov) or Nina Rhodes (tel: 925/423-7310; fax: 925/423-8988; email: rhodes3@llnl.gov)

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